Bioregulators and long-term health outcomes

Really, the goal is get a bunch of these peptides into your system over the next three or four years, and then go live a long life. In Professor Kevenson's reports, in those two studies I mentioned earlier, The Elderly People Study and The Old People's Study, some of the metrics he reports on is better quality of life, better immune system, like they just were healthier in general, they slept better, their bone density was better.

He wasn't looking at, is your pineal gland healthier? It was like, what are the downstream effects? How is this expressing in the person's health? And I know that certainly, you know, in my communities where I've sometimes worked with people with bioregulators, we sometimes see liver enzymes improve where they were out of balance or how people feel and how they're…

Sometimes we see better blood sugar regulation. They're still doing all the other things, but the bi oregulator seems to add another piece to the puzzle, as it were.

And the last thing I wanted to invite you to talk about a little bit before we get into the slides is this idea of a bioregulator normalizing function versus boosting function or suppressing function.

and this, which is part of the reason I think why they're so incredible. And it speaks to what they are actually doing. Because if you're restoring the body's tissues and organs ability to function properly, you are not boosting the immune system, boosting your thyroid, suppressing anything, basically laying the work so that the thyroid goes back to working the way it was supposed to.

or the immune system is working the way it was supposed to. I should be interviewing you. No, this is all stuff I learned from you, are you kidding? Well, but you just answered the question that you were sort of getting close to asking, yes.

But you're the guy who worked with Professor Cavinson. You're the guy who's done the eight-year study. I'm just dabbling and I've compared to you. So what I am looking for is, is this what you've observed as well?

Oh, absolutely. Yeah. And we can measure a good amount of that, particularly now with the new DNA methylation stuff. What the bioreglies are doing, Unlike, let's say, the synthetic peptides, which I think are wonderful, actually.

Normalizing function vs boosting or suppressing

The synthetic are giving a quick boost to whatever the system is or whatever organ issue is and so forth. And so they go in and it's like the fire department's showing up, you know, and they're putting out the fires and stuff.

Yeah. Okay? The peptide's act differently. They're not going to do anything quickly to start with. What we know is with exception of some things like kidney restoration and thyroid restoration.

So you're not going to feel any or even lab test any real significant changes for about a year. It's a slow process, of course, to rebuild at the cellular level these organs in these systems.

For instance, with the telomere testing, I tell people don't expect to see anything of significance for at least 12 months. with the DNA methylation, I tell them two years.

And that's why we ask people to stay in the clinical studies. You know, it's not a contract, but we give them some information and ask them to sign that they've read the information.

We tell people, stay on this thing for three to four years, because that how long it takes to sort of do this

regeneration. It's a not fast process. So, should we go to the slides?

Let's do it. So for those of you who are listening to this podcast, this would be the part where you might want to hit pause, head on over to your computer, turn on YouTube, and go to somewhere around minute 38 or so, maybe minute 42. And that's where we're you're going to see the slide presentation.

We'll do our best to explain it to you if you don't have the option to do that. But this is going Okay, so here we are. We have the infamous slide presentation up.

Let's fire away. This is one of the reasons I went to Russia. I read this study that was published about roughly about 2000 and so forth. And of course, the title caught my attention, you know, The Mechanisms of Peptide Regulation of Aging.

Those words regulation of aging just jumped out at me. and started reading everything that I could get my hands on or everything, that i could translate and so forth and I realized that this was for real.

Why the peptide aging research drew attention

I mean this had, at that point this, had 40 years or more of science behind it and you know I of course did background on Cavinson and learned that he's just as bonafide as you can possibly be, as I said earlier, well-known in Europe, and pretty much the rest of the world, but not here in the US, so forth.

This is what got me over there. What Cavinson and I did was, this would be about 2010 or 2012 or something in there, was I told him, you've done this amazing work, all of it science-based and so forth.

Everybody knows who you are in Europe and you're unknown in America and unfortunately in america they only pay attention primarily to studies that are based in american or maybe britain, sometimes israel, and let's basically do what i call confirming studies in use your published studies where you've shown tremendous mortality reduction, where your proven organ regeneration.

Let's add to that biological age reversal because Cavinson wasn't interested in, you know, what we call anti-aging at this point. He wasn' t focused on it at all.

What he was passionate about was developing new peptides that could be used for mortality, reduction and organ regeneration. In fact, he told me he thought that it was kind of odd, the focus that Americans have on anti-aging, because you can't have anti aging.

He says you could improve at the cellular level. You know, it would give me the scientific part of it. Yeah, well, you know he's getting into semantics.

Like you cannot de-age. Yes. But you can't de-age. But he, you know, we had several discussions. You don't convince people like Cavinson of anything. You give them data.

you give him information and they'll let them decide. I have said several times that he's the most brilliant person, scientist I've ever encountered.

Mortality reduction studies in older adults

Um, I put him literally in categories with Einstein and some of the other greats. when you see the results that he has produced and so forth, it is mind boggling.

Anyway, so, you know, gradually he came around to and he said to me, Bill, if you want to do a confirming study in terms of biological age interventions, then sure, let's go ahead and do that.

And then we'll publish those studies in America and also here in Europe. So that's sort of how this got started in

2017. You know, how do we measure biological age and changes in biological aging?

And as we talked about earlier, the two most trackable interventions would be telomeres activation or telomer lengthening and DNA methylation. And so we use that as our framework to prove that the peptide bioregulators could have a positive impact on biological aged.

And so this study was the one that I ran across that was just incredible because what we have going here is in an elderly groups of people, we had a significant reduction over a period of years in longevity.

And as you mentioned earlier when we were talking, it's hard to do longevity trials and so forth because people have to live a long time for where you can determine if the intervention has been helpful and, so, forth.

But what Cavinson did was over a period of two to six years, and then the test or the process continued on for as long as 12 years. He was able to show very significant reduction in mortality.

And that's what the abstract is showing us. So I took the Abstract and I basically then created some graphs that would make it easier to understand. There's two groups of people here, the elderly people as they were called in the study.

They were the people from 60 to 74 years of age. And then the older people down below, Russians are not the most diplomatic, calling them old people. That's now the group I'm in.

I'll be 78, I will be 79 in two months, So in the group of 60 to 74-year-olds, the control where it says polyvitam is there in yellow, are the people not on the peptides.

And if we look at mortality rate in different timeframes, mortality rates in eight years and then drop down where is says 12 years, we'll focus on 12-years.

So it was a 12 year study. The control group, 44% of those people died, okay? And that would be normal for that age group over that period of time. using, and you and I were just talking about the pineal gland and how extensive the impact of the Pineal Gland and the peptides have on the whole body.

Oral extracts vs injectable and synthetic peptides

Notice that in the Peptide group, using just that one peptide, the mortality rate over 12 years dropped in half. It went from 44% to 22%. That's unheard of.

There's nothing else out there that I've come across, and I have been at this 30 years now, that will do that, with just one peptide. We then moved on to the older group, 75 to 89. And in the control group, the non-peptide group the mortality rate was basically 82%. You know, for that age group that part of the world, this by the way was Russia and Ukraine.

But using again the pineal gland peptide, it dropped the mortality rate down to 46%, 45.8. Look what happens when a second peptid, thymus peptides was added.

It drops to the mortality to 33. I mean, that's just mind-boggling. And the interesting thing about this, and I know you know enough of the history and so forth and you've read enough for the studies, in this the old people, they only used peptides for three years.

Yeah, that's, you know, shocking on the one hand, and on other hand it makes total sense. Yes it does. Right? But I think one thing that I would like to point out to the audience is that the form of the peptides that they were using here is different than the forms that we currently can access in North America.

So the pineal gland peptide was epithelium and the thymus was thymalin and these are actual extracts of those organs of animals that have been prepared for an intramuscular injection which is why the polyvitamins is relevant

here because everybody was getting an injection of something but nobody knew what they were getting as an Yes, that is correct.

But in the clinical study, we're not using intermuscular. Oh, I get it. I'm just saying in these studies that's what they were using. And I just think these study sometimes get misquoted quite often because You know, I think what's interesting about the work that you've done now is you shown that the oral bio-regulators, the natural bio regulators can very effectively, in many ways, reproduce, at least get us in there.

You haven't done the 12 year study, that same study that he did, but at the same time, what you're showing is that those oral bioregulators the, natural bior regulators very much produce very powerful results.

Yes, they are the natural extracts in capsule form and that concerned me a long time ago when we were talking about this. And so what Cavinson did was gave me some telomere studies that he had run using the injectables using, you know, the natural extracts and, or, no, I'm sorry, using the synthetics, because he had synthetix for epidolon and for the thymus, and then using oral capsules, which are the extract that I am using.

And so, over a period of time, looking at the telomere results using those different methodologies, The difference between the oral, natural, extract, that we are using and the injectables or the synthetics over a period of several years, a 10% difference.

In other words, the oral capsules were 90% as effective in lengthening telomeres as the injections or synthetix. That's amazing. So the synthetic matched up with the orals, or did the synthesis match up to the natural injectable?

As I recall, about halfway between Somewhere in between. So then the ones that move the needle the most are the natural injectable form, which is the epithalamin and the thymalin.

The next in line is Or all synthetic? Yeah, there's about six or eight. Cavinson has about 6 or 8 of the peptide regulators as synthetics. We don't use them.

They're not used outside of Russia. But the synthetic group in the middle was less effective than the intermuscular, but more effective then the natural extracts.

Okay, and what about the synthetic, like epitalon, the one, these synthetic ones that are available? outside of Russia. Have those been studied at all or not so much?

Slightly. They're faster acting as any synthetic will be. That's why the synthetic peptides that are used like BPC and all the rest of those are very quickly used.

But if you're looking at long term, which is what the longevity studies are focused on, if You don't want the intermuscular, you don' want to six or eight different synthetic bioregulators.

They're good. What you want is to run the race to the end of three or four years. You want oil capsules in natural extracts.